tribution to our knowledge of a type of tissue degeneration and an excellent discussion of the micro-chemical means we possess whereby one may differentiate the many closely allied forms. JELLIFFE.

CLINICAL NEUROLOGY.

179. TUMOR OF THE MENINGES IN THE REGION OF THE PITUITARY BODY PRESSING ON THE CHIASMA. J. W. Sterling (Annals of Ophthalmology, 6, 1897, p. 15).

The author reports a case of this character. The patient was a man forty-two years of age with total blindness of the left eye, and complete right hemianopsia of the right eye. There was a history of alcoholism, but none of syphilis. There was optic atrophy. Both knee-jerks were slightly exaggerated. No motor or sensory disturbances. Frequent flushings and perspiration of the head and back of the neck occurred. The further course of the case was very slow, six years elapsing before death. In about eighteen months he was totally blind. He became fat and flabby, always had a good appetite, and was greatly troubled with continuous sleepiness. The post-mortem examination revealed a tumor as large as a hen's egg growing from the meninges and pressing on the front of the chiasma. Microscopically it proved to be an endothelioma.

LESZYNSKY.

180. A CASE OF BULLET IN THE LEFT HEMISPHERE OF THE BRAIN SHOWN BY SKIAGRAPH. James Bell (Annals of Gynæcology and Pediatry, 10, 1897, p. 353).

A little girl, four and a half years old, accidentally discharged an English "Bulldog" revolver, one bullet entering her brain. The bullet entered the forehead over the centre of the left orbit, and rather less than half way from the margin of the orbit to the edge of the hairy scalp. She did not lose consciousness, nor show any signs of special suffering. She was sent to the General Hospital, where she was chloroformed, and an attempt to remove the foreign body was made. Four fragments of bone were removed from the brain substance—one of them from a depth of an inch and a quarter from the dura mater. Some dark blood clots and brain detritus escaped alongside of the forceps. The operation was attended with failure, as at each attempt to grasp the bullet with the open blades of a forceps it receded further into the cerebral substance. All efforts were finally abandoned. The wound was allowed to heal by drainage and granulation. The patient suffered no ill effects from the operation, and made a rapid recovery. The child since being discharged from the hospital never suffered from headache or any other brain symptom. She was alway a bright child, but her parents consider her even brighter than before the accident.

In August, 1896 (the accident occurred in January, 1894), the little girl was skiagraphed by Professor Callender, of McGill University. The skiagraph distinctly showed the bullet in the brain. Plates accompany this report. ABRAHAMS.

181. THE OCULAR MANIFESTATIONS OF INTRACRANIAL TUMOR. Martin (Lancet, July 10th, 1897, p. 81).

In an editorial discussion of the work of the author, based on an analysis of six hundred cases of intracranial tumor the Journal of the American Medical Association (September 4th, 1897) summarizes the results as follows. The distribution of the new growths was: Cerebellum, 138; motor area, 120; frontal area, 61; pons and medulla, 45;

parieto-occipital area, 37; basal ganglia, 36; centrum ovale, 30; temporo-sphenoidal area, 28; pituitary, 26; general, 19; corpora quadrigemina 15; corpus callosum, 13; crura, 5. The nature of the growths was as follows: sarcoma, 126; glioma, 82; tuberculous, 72; cystic, 44; gumma, 36; glio sarcoma, 30; hydatids, 21; carcinoma, 11; other varieties, 179. Of all cases of intracranial tumor 68.8 per cent. occur among males. Headache is more likely to be absent in connection with tumors of the motor area and of the corpus callosum than in connection with tumors situated elsewhere. The tumor is generally situated on the side on which internal strabismus is noted. Only limited localizing value is conceded at present to optic neuritis, but the hope is expressed that improved methods of examination now in course of adoption will give it greater value in the future. When a difference in degree of optic neuritis in each eye exists, it is more than twice as probable that the tumor is on the side on which the neuritis is the more marked. It should further be borne in mind, 1. That optic neuritis is constantly present in association with tumors of the corpora quadrigemina. 2. That it is present in 89 per cent. of cases of cerebellar tumor and of tumor of the posterior part of the cerebrum. 3. That it is absent in nearly two-thirds of the cases of tumor of the pons and medulla and of the corpus callosum. 4. That it is least frequently met with in cases of tuberculous tumor, and is most common in cases of glioma and cystic tumor. SHIVELY.

182. DIE AMAUROTISCHE FAMILIÄRE IDIOTIE (The Amaurotic Family Idiocy). B. Sachs (Deutsche medicinische Wochenschrift, 24, 1898, p. 33).

Sachs states that twenty-seven cases of this interesting form of idiocy have been reported. The children afflicted with this disease appear to be normal during the first weeks of life, but after two to eight months they take less interest in their surroundings, become unable to sit up or hold up their heads, and make few voluntary movements. Failure of sight is noticed after some months. Weakness of the extremities becomes spastic paralysis, but may be flaccid. Convulsions are rare. The reflexes may be exaggerated, normal or diminished. Blindness, due to changes in the macula lutea and optic atrophy, is usually total at the end of the first year, by which time the child is also idiotic. The disease attacks several children in the same family. Occasional symptoms are nystagmus, strabismus, hyperacusis or deafness. Macular changes have been found in all the reported cases.

In the two cases examined by Sachs degenerative changes were found in the large pyramidal cells and fibres of the cerebral cortex. The vessels were normal, and there were no signs of inflammation. Degeneration of the crossed motor tracts was noticed in one case, though this may possibly have been arrested development of these tracts. The ætiology is unknown, but the disease is not due to syphilis. SPILLER.

183. CENTRALE BEIDERSEITIGE AMAUROSE INFOLGE VON METASTATISCHEN ASCESSES IN BEIDEN OCCIPITALLAPPEN OHNE SONSTIGE HEERDSYMPTOME (Bilateral Central Amaurosis Resulting from Metastatic Abscesses in Both Occipital Lobes Without Other Focal Symptoms). H. Heinersdorff (Deutsche med. Wochenschrift, 23 1897, p. 230).

Cases of bilateral amaurosis from lesions in both occipital lobes are uncommon, and, according to Heinersdorff, all the cases which have been reported have been due to softening of the cerebral sub-